

EPI Update for Friday, May 16, 2014
Center for Acute Disease Epidemiology (CADE)
Iowa Department of Public Health (IDPH)

Items for this week's EPI Update include:

- **CADE is available 24/7/365**
- **Second case of MERS-CoV confirmed in the United States**
- **Measles cases in the U.S. increasing vs. recent years**
- **Staying safe and healthy in the water**
- **Iowa Acute Disease Monthly Update**
- **Meeting announcements and training opportunities**

CADE is available 24/7/365

Consultation with a CADE epidemiologist is available 24/7 every day, including holidays, on immediately reportable diseases, any suspected outbreak, rabies, and any unusual diseases and situations (such as MERS). These epidemiologists are themselves backed up by a physician, a veterinarian, environmental health officers, and other medical specialists (who are called as needed).

Immediately reportable diseases include botulism, cholera, diphtheria, *Haemophilus influenzae* type B invasive disease, measles, meningococcal invasive disease, plague, polio, human rabies, SARS, smallpox, vancomycin-resistant *Staphylococcus aureus*, infectious tuberculosis, viral hemorrhagic fever, and yellow fever. By reporting these diseases immediately, CADE can help facilitate emergency laboratory testing, contact tracing, and consult on recommendations for post-exposure prophylaxis. Laboratory testing for these diseases are free of charge at Iowa's State Hygienic Laboratory when determined to be of public health significance by CADE, and can be done on an emergency basis.

CADE can be contacted at 515-242-5935 or 800-362-2736 during business hours (8:00 AM to 4:30 PM). After business hours, CADE can be reached via the Iowa State Patrol's paging system at 515-323-4360.

Second case of MERS-CoV confirmed in the U.S.

A second imported case of MERS-CoV has been confirmed. The patient is a healthcare worker from Saudi Arabia who traveled by plane from Jeddah, Saudi Arabia to London, England; to Boston, Massachusetts; to Atlanta, Georgia; and to Orlando, Florida. The patient was symptomatic during travel with slight cough and fever. This case is unlinked to the first imported case of MERS (who was hospitalized in Indiana).

The Florida patient is isolated and being treated in a Florida hospital (contact, standard, and airborne precautions are being used). CDC and Public Health England (with assistance from state and local public health authorities) are identifying potential exposed passengers and performing contact tracing to notify and educate travelers who may have been exposed to the patient. (No Iowans are known to have been exposed to either patient.)

At this time, no spread from either patient has been identified in the U.S. These two cases of MERS represent a very low risk to the general public in the U.S.

For more information on MERS-CoV, visit www.cdc.gov/coronavirus/mers/index.html.
For more information on MERS-CoV testing in Iowa, visit www.shl.uiowa.edu/dcd/mers.xml.

Measles cases in the U.S. increasing vs. recent years

This year, the United States is having more reported cases of measles than expected. Many healthcare providers in the United States have never seen a patient with measles and may not recognize the signs and symptoms. Healthcare providers need to be more alert than ever to the possibility of measles.

Consider measles in patients who:

- present with febrile rash illness and clinically compatible measles symptoms [cough, coryza (or runny nose), or conjunctivitis (pink eye)]
- recently traveled internationally or were exposed to someone who recently travelled
- have not been vaccinated against measles (however, measles can very rarely occur in vaccinated persons)

Healthcare providers should also consider measles when evaluating patients for other febrile rash illnesses, including Dengue and Kawasaki's Disease.

If you suspect measles, do the following immediately:

1. Promptly isolate patients to avoid disease transmission (both in medical settings and at home)
2. Immediately report the suspect measles case to public health (CADE)
3. Obtain appropriate specimens for testing from patients with suspected measles, including viral specimens

Additional guidance for healthcare providers can be found at www.cdc.gov/measles/hcp/index.html. Also see CDC's measles surveillance guidance at www.cdc.gov/vaccines/pubs/surv-manual/chpt07-measles.html.

Staying safe and healthy in the water

Next week is National Recreational Water Illness and Injury Prevention Week and we urge all Iowans to take simple steps to ensure healthy and safe swimming for everyone.

For further information, visit

www.idph.state.ia.us/IdphNews/Reader.aspx?id=B2B9315C-06D8-49A1-8028-EC52486D4F88 or visit CDC at www.cdc.gov/healthywater/swimming/rwi/rwi-prevention-week/.

Iowa Acute Disease Monthly Update

The new issue of the Iowa Acute Disease Monthly Update is available by visiting www.idph.state.ia.us/cade/ and scrolling down to 'Reports,' or can be accessed directly at www.idph.state.ia.us/IDPHChannelsService/file.ashx?file=AE1818B8-289B-4EF2-A7CC-6CD1FBDCB3E4.

Meeting announcements and training opportunities

The *Iowa Immunization Coalition Conference* is June 11, 2014 at Drury Inn and Suites in West Des Moines. For a full agenda and registration details, visit www.immunizeiowa.org/events/special-events.html.

Have a healthy and happy week!

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